



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

PREPAID LEGAL SERVICES PLAN APPLICATION FOR NEW OR RENEWAL CERTIFICATE OF REGISTRATION

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-16-204

www.consumer.sc.gov

803-734-4249/800-922-1594

Street Address

2221 Devine St. Ste. 200
Columbia, SC 29205-2418

Name of Prepaid Legal Services Plan: _____

Street Address: _____

Mailing Address:

(if different from above) _____

Telephone Number: _____

Fax Number: _____

President of Prepaid Legal Services Plan: _____

Also Enclosed:

Filing Fee ☐ (\$800.00)

Audited Financial Statement ☐

Bond ☐ (\$50,000.00)

Company: _____

Number: _____

Original or certified, true copy of Certificate of Existence
if South Carolina corporation. ☐

On initial application the original or certified, true copy
of Certificate of Authority to do Business in South
Carolina if non-South Carolina corporation. ☐

or

For renewals an out-of-state corporation needs to
submit A current Good Standing Certificate from the S.C.
Secretary of State's Office. ☐

Part I

On behalf of _____, (hereinafter "Plan") of _____,
(Name of prepaid legal services plan) (City)

_____ a prepaid legal services plan created under the laws of the State of _____,
(State) (State)

I _____, hereby apply for a Certificate of Registration pursuant to Section 37-16-10 et seq. of
(Authorized Representative)

the South Carolina Code of Laws authorizing and empowering the above named prepaid legal services plan to operate in the State of South Carolina under such Certificate until it is surrender, suspended, revoked or terminated by the South Carolina Department of Consumer Affairs ("Department").

Part II

I, _____, of _____, agree, pledge and certify that the
(Authorized Representative) (Name of Plan)
Plan will operate in accordance with and obey and abide by all applicable laws of the State of Carolina, including the following South Carolina Consumer Protection Code and the provisions specified by Section 37-16-10 et seq.

1. Accompanying this application to the South Carolina Department of Consumer Affairs (hereinafter "Department") is a bond or letter of credit (circle one) in the amount of \$50,000, made in favor of the State of South Carolina, which will remain in force as long as the Plan conducts business in South Carolina.
2. Any person to be appointed by the Plan for the purpose of direct selling or direct in-person or electronic solicitation of the general public or segments of the general public on behalf of the applicant will complete an appointment form prescribed by the Department. Said appointment form will be transmitted to the Department, accompanied by payment of a \$40.00 annual fee, prior to commencement of any activity described in this paragraph by the person appointed. The appointment, with annual payment of \$40.00, will be renewed each year no later than October 1.
3. Plan will file with the Department, no later than March 1 of each year, on a form prescribed by the Department, an updated current renewal registration statement.
4. Plan will pay an annual registration fee of eight hundred dollars in connection with its annual registration.
5. Plan will file with the Department for approval any contracts offering prepaid legal services prior to their being offered to the general public or a segment of the general public.

Part III

1. Has plan had any professional, vocational or business license denied, suspended, revoked or restricted by any regulatory authority in this or any other state or been withdrawn or surrendered to avoid disciplinary action, or has Plan been subject of any monetary penalty or fine by such authority? Yes No (circle one, if yes, attach explanation)
2. Has Plan had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a prepaid legal services plan? Yes No (circle one, if yes, attach explanation)
3. Has Plan been declared insolvent or discharged from bankruptcy within the last ten (10) years? Yes No (circle one, if yes, attach explanation)
4. Have any Plan's officers or directors been indicted for or convicted in a criminal proceeding (excluding minor traffic violations) within the past ten (10) years? Yes No (circle one, if yes, attach explanation)

Part IV

Financial Information

Plan's financial condition as of calendar year ending within one year prior to date of renewal.

Total Assets	\$ _____
Total Liabilities	\$ _____
Stockholders' Equity	\$ _____
Total amount collected from members nationwide for previous calendar year	\$ _____
Total amount collected from Members in South Carolina only	\$ _____

FOR SCDCA USE

Filing Fee	<input type="checkbox"/>
Audited Financial Statement	<input type="checkbox"/>
Bond	<input type="checkbox"/>
Certificate of Authority/Existence	<input type="checkbox"/>

Approved

Date

Certification

It is hereby certified that the prepaid legal services plan making this application is organized under the laws of the State of _____, and has complied with the requirements of Section 37-16-10 et seq., S.C. Code Ann. relating to such plan.

Finally, the undersigned swears or affirms under oath that he/she executed this application dated _____, 20 __, for and on behalf of _____, that he/she is authorized to execute and file this application, that he/she has read and fully understands the requirements of 37-16-10 et seq., S.C. Code Ann. relating to such plan, and that the information contained in this application is true and accurate to the best of his/her knowledge.

Signature of Applicant (or authorized
Representative if Plan is a corporation)

Position

Subscribed and sworn to before me
this ____ day of _____, 20 ____

Notary Public for: _____
My appointment expires: _____